

Attorney Docket No.: 49632(71699)

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Certificate of Express Mailing (1 page)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1

page in duplicate) Fee Transmittal (1 page)

Request for Continued Examination Transmittal (1 page in duplicate)

Response to Office Action (4 pages)
Declaration Under 37 CFR 1.132 (5 pages)

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PTO/SB/17 (07-06)

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<u> }</u>	Under the Paper	work Reduction Act of 1	995, no person are rec	espond to a collection				control number.	
William	Effective on 12/08/2004. Effective on 12/08/2004. FEE TRANSMITTAL For FY 2006				Application Number 09/523,776-Conf. #5882				
MADEN							March 11, 200		
							Pamela L. Zeitlin		
		Examiner Name S. Wang							
	Applicant c	Art Unit 1617							
	TOTAL AMOUNT	OF PAYMENT	(\$) 1,810.00		Attorney Docket	No.	49632(71699)		
	METHOD OF P	AYMENT (check a	ill that apply)					-	
	Check X Deposit Acco	Credit Card	Money Order [umber: <u>04-1105</u> De	Non	` لــا	please ider The J	ntify): Iohns Hopkins	University	
	For the ab	ove-identified depos	sit account, the Dir	ector is	hereby authorize	d to: (che	ck all that apply)		
	x Cha	rge fee(s) indicated	below		Charge	e fee(s) in	dicated below, e	xcept for th	e filing fee
	X Cha	ge any additional fe	ee(s) or underpaym	nents of	x Credit	any overp	ayments		
	FEE CALCULA	,		···			***		
	1. BASIC FILING,	SEARCH, AND EX	AMINATION FEE	S					
	Application Typ		ING FEES Small Entity Fee (\$)	SEA Fee (\$)	RCH FEES Small Entity Fee (\$)	EXAMII Fee (\$)	NATION FEES Small Entity Fee (\$)	Fees P	aid <u>(\$)</u>
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAIM	A FEES							Small Entity
	Fee Description Each claim over 2	0 (including Reissu	es)					Fee (\$) 50	Fee (\$) 25
	Each independent	claim over 3 (inclu	ding Reissues)					200	100
	Multiple depender	nt claims						360	180
	Total Claims	· ·						ent Claims	
	62		=			<u>F</u>	ee (\$)	Fee Paid (\$)	!
	HP = highest number	of total claims paid for,	if greater than 20. Fee (\$)	Fee P	aid (\$)				_
	2 -3	of independent claims p	anid for if greater the	2					
			data for, if greater than	J.			 -		- ,
	listings under sheets or fract	on and drawings exc 37 CFR 1.52(e)), the ion thereof. See 35	ne application size U.S.C. 41(a)(1)(6	fee due G) and 3	e is \$250 (\$125 f 37 CFR 1.16(s).	or small e	ntity) for each a	dditional 50	aid (\$)
	<u>Total Sheets</u>	Extra Sheets 100 =			Iditional 50 or frac (round up to a who		_	=	<u>αια (ψ/</u>
	4. OTHER FEE(S)			_				Fees F	Paid (\$)
	Non-English S	pecification, \$130	fee (no small enti	ty disco	unt)				
	Other (e.g., late	e filing surcharge):	1253 Extension 1801 Request for	tor res	ponse within th nued examinat	ird monti ion (RCE	n E) (see 37		20.00 0.00
	SUBMITTED BY		(3)	/ 					
	Signature ($X \rightarrow A$		Registration No.	40,024	Telephone	(617) 439	-4444
		effrey D. Visi	<u> </u>	~_	(Attomey/Agent)		Date	March 5,	
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